

**DEPARTMENT OF LAND AND NATURAL RESOURCES
DIVISION OF BOATING AND OCEAN RECREATION
STATE OF HAWAII**

THIS SPACE FOR DOBOR USE ONLY Received by: _____ Date: _____ Use Permit No.: _____
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**APPLICATION FOR BOAT HARBOR AGREEMENT
AND USE PERMIT**

1. I (name) _____

hereby request that an Agreement and Use Permit be issued for use of the following facilities and services _____

_____ at (harbor) _____

2. RESIDENCE:

Physical Street Address (No PO Box): _____

Home Telephone/Cellular No.: _____

E-Mail Address: _____

3. DATE OF BIRTH (month/day/year): _____ 4. OCCUPATION: _____

5. EMPLOYER: _____ 6. BUSINESS ADDRESS: _____

7. BUSINESS PHONE/FAX NO.: _____

8. AUTOMOBILE DESCRIPTION(s): (a) _____ (b) _____

a) Registered Owner (name): _____ License No. & State: _____

b) Registered Owner (name): _____ License No. & State: _____

9. SEND MONTHLY STATEMENTS TO (if different from RESIDENCE):

Name: _____

Address: _____

10. VESSEL DESCRIPTION:

Name of Vessel: _____

Registered/Document No.: _____ Draft: Feet: _____ Inches: _____

Registered or Documented at: _____

Length (over deck): Feet: _____ Inches: _____ Beam: Feet: _____ Inches: _____

Length Overall (including bowsprints, bumpkins, etc.) _____

Principal Type of Propulsion:

Power: Inboard _____ Outboard _____ Inboard/Outboard _____

Sail: Rig _____ No. of Hulls: _____

Auxiliary Power: Inboard _____ Outboard _____ Inboard/Outboard _____

Engine:

Manufacturer: _____

Horsepower: _____ Single: _____ Twin: _____

Fuel (circle one) Diesel / Gasoline / Other _____

Vessel Manufacturer: _____ Year Built: _____

Hull (circle one) wood / metal / fiberglass / plastic / other _____ Radio Call Letters: _____

Hull colors: _____

Manufacturer's Serial (Hull) No.: _____

Other identifying vessel features: _____

11. NUMBER OF PERSONS THAT WILL BE LIVING ABOARD VESSEL: _____
(Ala Wai SBH and Keehi SBH Only)

12. VESSEL USE (circle one): Pleasure / Commercial. If Commercial (circle one): Passenger / Fishing / Charter / Dealer

13. I OWE THE STATE OF HAWAII A BALANCE OF \$ _____ FOR THE USE OF HARBOR FACILITIES OR SERVICES AT (harbor) _____ WHICH I UNDERSTAND MUST BE PAID IN FULL BEFORE THE STATE WILL ACCEPT THIS APPLICATION.

14. THE VESSEL IS OWNED BY:

Principal Owner's Name: _____

Principal Owner's Address/Phone: _____

Co-Owner's Name: _____

Co-Owner's Address/Phone: _____

15. INSURANCE CARRIER/POLICY NUMBER/AGENT/CONTACT INFORMATION: _____

DOBOR STAFF TO VERIFY THAT SOH-DLNR-DOBOR IS INCLUDED ON VESSEL INSURANCE POLICY AND THAT A COPY OF THE CURRENT POLICY IS ON FILE. STAFF INITIALS: _____

16. REMARKS:

I understand that pursuant to the Small Boat Harbor Rules, I must inform the Harbor Supervisor, within seven days, of any sale, lease, or rental of the vessel described in this application. I also understand if I violate any of the provisions of the aforementioned Rules that, in addition to any fines and penalties a Court may impose, my permit to moor in the Harbor may be revoked. I understand that upon expiration of the permit, the permit and all rights shall automatically terminate unless the permit is renewed prior to its expiration. I also understand that I must notify the Harbor Office, in writing, if my vessel is to be absent from its berth for fourteen or more days.

The information given by me on this application is true, correct and complete to the best of my knowledge and belief. Any incorrect or false information may result in revocation of use permit.

Applicant (signature): _____

Date: _____

IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT:

NAME: _____ TELEPHONE/CELLULAR: _____

COMPLETE ADDRESS: _____